



Command Champion

(Updated May 2003)



Preface

People continue to like TRICARE...

- 81% of beneficiaries are satisfied with access to care
- 47% of beneficiaries are satisfied with the TRICARE health plan overall, compared to a 40% civilian benchmark for overall health plan satisfaction

Trends: satisfaction with access and health plan satisfaction increasing each year since the inception of TRICARE

View 2003 TRICARE Stakeholders' Report for more information,

http://www.tricare.osd.mil/stakeholders/downloads/stakeholders_2003.pdf

Want to know how the Air Force Medical Service is doing right now? Visit our performance website at



<https://p2r2.hq.af.mil>

For additional TRICARE information, please visit the following websites:

- Air Force Medical Service, Health Benefits and Policy Division, <https://www.afms.mil/sgma>
- SG Newswire, <https://www.afms.mil/sgi/sgnews/index.htm>
- Military Health System, <http://www.tricare.osd.mil>

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1

TRICARE Health Plan Options

TRICARE is the name of the Defense Department's regional managed health care program for service families. Under TRICARE, you have three choices of ways in which to get your health care:

- **TRICARE Prime:** This is a voluntary health maintenance organization-type (HMO) option - mandatory for active duty. You must enroll in this option - no fee for active duty and their families; \$230/yr/individual, \$460/yr/family for retirees under age 65. Military Treatment Facilities (MTFs) are the principal source of health care, but you may receive care from the Prime network of civilian providers.
- **TRICARE Extra:** This is a preferred provider option (PPO) that saves the beneficiary money if they choose to use the Prime network of civilian providers. In this option, you don't have to enroll or pay an annual enrollment fee, but you do have to satisfy an annual deductible for outpatient care. Cost shares apply, but at a lower percentage if you use a network provider.
- **TRICARE Standard:** This option is the CHAMPUS (indemnity, fee-for-service) program with a new name. It pays a share of the cost of covered health care services that you obtain from an authorized non-network civilian health care provider after you have met your annual deductible for outpatient care.

Question

Which TRICARE option is right for my family and me? While TRICARE Prime is often the best financial option, you need to consider several factors such as your health status, location, and your spouse's employment status/benefits. The Department of Defense provides Beneficiary Counseling and Assistance Coordinators at MTFs, the Managed Care Support Contractor provides Beneficiary Service Representatives at TRICARE Service Centers and regional customer service toll-free numbers are available to help you better understand your options.

Beneficiary Counseling and Assistance Coordinator (BCAC)

- Your 325th Medical Group (325) MDG BCAC is Mr. Jim Blanchard
- **Debt Collection and Assistance Coordinator (DCAO)**
Mr. Jim Blanchard

Phone Numbers

- Tyndall AFB DSN 523-7331 commercial (850) 283-7331

TRICARE SERVICE CENTER
Beneficiary Services Representative
286-1000

Websites

- www.tricare.osd.mil (Department of Defense)
- www.humana-military.com (Humana Military Health Services – HMHS)



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Enrollment

“Enrolling” is the process of signing up for TRICARE Prime. For most people, enrolling in Prime is the most cost-effective TRICARE choice. It also gives you the best access to a military treatment facility (MTF). Space available appointments at Tyndall Clinic may be difficult to obtain with TRICARE Standard/Extra. Enrolling in Prime guarantees:

- Timely access to health care
- A Primary Care Manager (PCM) - health care provider
- A focus on preventive care
- TRICARE Prime coverage away from home

There are no TRICARE Prime enrollment fees or co-pays for most services for active duty and their family members. Beneficiaries must first be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to prove eligibility. It is particularly important to register newborn children in DEERS and enroll them in Prime (no later than 120 days after they are born) to ensure continuity of care and avoid incurring medical charges. Enrollment forms received by the 20th of the month will become effective on the first day of the next month. Active duty and their family members are automatically re-enrolled every year unless they ask to be disenrolled. See Section 9, *PCS In- and Out-Processing*, for TRICARE Prime portability - how your health plan moves with you.

Question

How can I enroll in TRICARE Prime?

Visit or call the local TRICARE Service Center.

How & Where to Enroll

To enroll in TRICARE Prime and designate the 325 Med Group as your primary care facility, visit the TRICARE Service Center.

The TRICARE Service Center is located in building 1406 on Mississippi Avenue, Tyndall AFB.

Phone Numbers

- TRICARE Service Center: (850) 286-1000
- Beneficiary Services (Central office): (800) 444-5445

Websites

- 325th Med Group: www.tyndall.af.mil
 - www.humana-military.com
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HEAR

Completion of a Health Enrollment Assessment Review form is an important part of TRICARE. Although completion is voluntary for family members, this is a key part of providing appropriate medical care. A critical piece of the Air Force Family's healthcare, the HEAR informs patients, PCMs / PCM healthcare teams, Health Care Integrators and MTF administrators of individual patient preventive healthcare needs, health risk factors, chronic disease history, and health status. The possibilities for proactive intervention and tracking health status will be extensive.

Question

How often does the form need to be completed?

The HEAR questionnaire will be administered annually for active duty personnel and offered to all other TRICARE Prime enrollees at least every three years following initial completion of a HEAR.

HEAR Process

- Hear forms are provided by the TRICARE Service Center upon Prime enrollment for beneficiaries age 18 and over.
- Forms can be requested by calling the Beneficiary Services toll free number.
- Active duty personnel complete the HEAR form as part of their Preventive Health Assessment.

Phone Numbers

- HMHS (Beneficiary Services) (800) 444-5445
- TRICARE Service Center 286-1000

Websites

- www.humana-military.com
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Primary Care Management

Primary Care Managers (PCMs) at Tyndall Clinic are family practitioners, flight surgeons and pediatricians. Your PCM is normally your first stop for your health care needs and will become an expert on your health. All TRICARE beneficiaries who enroll in Prime will be assigned their own personal PCM. As part of our Primary Care Optimization strategy, PCMs work in teams to ensure 24-hour coverage and continuity of care. Our appointing systems are designed to search for appointments with your PCM first. If your PCM does not have any appointments available, you may be offered an appointment with another member of your PCM's team. Your PCM and his or her staff help coordinate the care you receive from specialists, hospitals, and other providers. You may be referred to other military and civilian providers in the TRICARE network when appropriate. These specialty appointments cannot be scheduled without a referral. Your PCM may also work with a Health Care Finder to authorize some hospitalizations and outpatient procedures.

Question

If I am already confident that I need to see a specialist, do I need to contact my PCM before I go?

Yes. TRICARE Prime enrollees must first consult their PCM for specialty care. If it is necessary for you to see a specialist, your PCM will create a referral that explains to the specialist why you need to be seen and what evaluation has already occurred.

Team Listing

- New Prime enrollees and transfers are enrolled to a Tyndall AFB military Primary Care Manager (PCM). Our primary care clinics consist of Family Practice, Flight Medicine and Pediatrics. Family Practice accepts all eligible patients; Flight Medicine accepts all rated active duty members and their family members. Pediatrics accepts children and adolescents through age 17.

Procedures for Team Assignment

- **Active duty members are assigned to specific PCM's designated for each squadron. They may change their PCM as provider space permits.**
- **Family members of active duty personnel, retirees and their eligible family members can choose their Tyndall PCM by name as provider space permits. PCM changes may be made twice in an enrollment year.**

Phone Numbers

- **Central appointments, all clinics and after hours PCM line: (850) 283-2778 or (800) 824-3454**
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Access

TRICARE Prime enrollees have top priority for access to care. Therefore, to be seen in a military treatment facility (MTF), your best bet is to enroll in TRICARE Prime. In general, you should expect to be seen within 24 hours for an acute (serious) illness; within one (1) week for a routine visit; within four (4) weeks for preventive health visits; and within four (4) weeks for a specialty care referral. *See section 12 for Emergency Care.*

Question

What is my priority for care in the MTF?

By law, priority for care at the MTF is based on the following:

- Active duty personnel
- Active duty family members enrolled in TRICARE Prime
- Retirees, Survivors and their family members enrolled in TRICARE Prime
- Active duty family members not enrolled in TRICARE Prime
- Retirees, Survivors and their family members not enrolled in TRICARE Prime
- Non-enrolled persons eligible for military health care will be seen at military hospitals and clinics on a space-available basis

Making Appointments

- Appointments are scheduled by calling the 325th Med Group central appointment line.

Clinic Hours

- The Tyndall Clinic hours of operation are:

Family Practice Clinic: 0715 - 1130 & 1300 - 1800 Mon - Thu & 0715 - 1130 & 1300 - 1630 Fri. Sick call is at 0700 & 1300.

Pediatric Clinic: 0730 - 1800 Mon - Thu & 0730 - 1630 Fri.

Flight Medicine Clinic: 0700 - 1200 & 1300 - 1600 Mon/Tue/Thu/Fri & on Wed 0700 - 1200. Sick call is at 0700 & 1300 except there is no afternoon sick call the first Wed of each month.

Women's Health Clinic: Patient's are seen by PCM referral.

* ALL CLINICS ARE CLOSED ON HOLIDAYS

Phone Numbers

- Central appointments and all clinics: (850) 283-2778 or (800) 824-3454
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Health Care Information Line

The Health Care Information Line (HCIL) offers guidance on health and wellness matters. The registered nurses manning the Region IV HCIL can help callers to determine if they need to call their primary care manager, or if it is serious enough to visit the nearest emergency room. They also offer general guidance on preventive health related issues and an extensive library of recorded information on a variety of health care topics. **Only your PCM can authorize civilian health care.**

Question

What is the function of the Nurse Advisor at the HCIL?

Nurse advisors are available in most regions, by phone, to provide advice and assistance that will enhance patient decision making about their health care. They are available 24 hours a day, 7 days a week, and can discuss treatment alternatives, symptoms, and illness prevention or can advise whether a situation warrants immediate medical attention. Any TRICARE-eligible person can use the service of the nurse advisor.

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Contacting Health Care Information Line

- Available 24 hours a day, 365 days a year, toll free

Phone Numbers

- Health Care Information Line: (800) 333-5331

Websites

- www.humana-military.com
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Specialty Referral Management

A referral is a request from one provider (i.e., the “referring provider;” usually the primary care manager) to another provider (i.e., the “consultant;” usually a specialist) to evaluate a patient. In the referral, the referring provider should clearly state the question/problem to be evaluated. The consultant who evaluates the patient should clearly communicate his/her findings and recommendations to the patient and to the referring provider. Each managed care support contractor (MCSC) has different contractual requirements for assisting beneficiaries who receive a referral. In most situations, the referring provider or his/her clinic staff should be able to describe local procedures to the patient. If there is ever a question, beneficiaries can call the facility/office where they are enrolled, the nearest TRICARE Service Center, or their region’s (region where the patient is enrolled) MCSC toll free number. A map of all TRICARE regions with their MCSC toll free numbers is located at <http://www.tricare.osd.mil/tricare/trimap2.html>

Question

How does a Health Care Finder assist the beneficiary in obtaining medical care?

Health Care Finders work with beneficiaries and providers to locate the appropriate level of care, whether primary care or specialty care, and the right provider.

Phone Numbers

- Active duty family members and retirees and their eligible family members enrolled in TRICARE Prime should contact the Tyndall TRICARE Service Center Health Care Finder at (850) 286-1000 with questions regarding their specialty referral. Active duty members contact the Tyndall Health Plan Management Office referral clerk at (850) 283-7227.

Websites

- www.humana-military.com
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Out of Area Care

Routine – Routine care is not covered when away from your PCM.

Urgent - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment. (For example, eye or ear infections and suspected bladder infections). Call your PCM for authorization prior to seeing a provider.

Emergency - Go to or call the nearest facility that is equipped to handle the situation. Beneficiary's primary care manager must be called the next duty day after receiving the care. TRICARE covers emergency medical services no matter where you are or which plan you use – Standard, Extra or Prime. (Deductibles, cost shares and/or co-pays may apply). Before leaving town, check with TRICARE personnel for additional information about services available in the area you will be visiting.

Question

What should I do if I'm a Prime enrollee and get sick while traveling outside my region?

For urgent care situations contact your PCM for instructions, for emergency care go to the nearest hospital emergency room and then call your PCM the next duty day.

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Procedures for Out of Area Cares

- When traveling (vacationing or moving) you should contact your PCM and request authorization prior to obtaining non-emergent care.
- For after-hour care, Prime enrollees may contact their PCM by calling the Tyndall central appointment line or the PCM after-hours line. Your PCM will be notified and your call promptly returned.
- For emergency care, go to the nearest emergency room. Contact your PCM within 24 hours to report the emergency care received so an authorization can be generated to cover the medical bills.

Phone Numbers

- Central appointments: (850) 283-2778 or (800) 824-3454
- PCM after-hours line: (850) 283-2778 or (800) 824-3454

Websites

- www.humana-military.com

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In-and-Out-Processing

DoD requires that all Active Duty members attend In- and Out-processing programs and that these programs include information on TRICARE benefits. These briefings provide opportunities to educate our military family on the value of TRICARE. Additionally, we need to ensure that junior officers and junior enlisted members are made aware of their TRICARE benefit so they can make an informed decision regarding their families health care entitlement.

Tyndall personnel are briefed when they in-process at the Military Personnel Flight (MPF). The MPF In/Out processing checklist also requires the active duty member to out-process with the 325th Medical Group Health Plan Management Office.

Your previous region will cover you for urgent and emergency care until you enroll with Region IV, or for up to thirty days from the day you out-process from your old location, whichever comes first. You should not disenroll from your old region. When you transfer your enrollment to Region IV, you will be automatically disenrolled from your old location. See also Section 8, *Out of Area Care*.

Question

If my family moves to a different region, are we (active duty) automatically assigned a new primary care manager (PCM), or do we have to re-enroll?

Enrollment in TRICARE Prime entails the assignment of a PCM, enrollment in the Defense Enrollment Eligibility Reporting System, and communication with the member on what enrollment in the TRICARE program means. **All beneficiaries, including Active Duty members (all Active Duty are required to enroll in TRICARE Prime, family members may choose their health plan option), must complete an enrollment form in order to be in TRICARE Prime. You have up to 30 days from your out-processing date to enroll at the new region in order to continue your family members' TRICARE Prime coverage.**

What to do when in-processing at Tyndall and prior to/after PCS - What to do when retiring from active duty

- During base in-processing, the 325th Med Group staff and TRICARE Service Center personnel provide introductory information regarding local health care and advise newcomers to visit the TSC to enroll or transfer family members to Region IV TRICARE Prime. Active duty members complete an AD Prime Enrollment form for their PCM assignment during in processing.
- Prior to your PCS, you will be required to visit the 325th Med Group Health Plan Management Office for a TRICARE briefing on obtaining health care en-route to your new assignment. You will be given brochures and a PCM card that provides guidance for contacting your Tyndall PCM. If you require health care en-route, first call the Tyndall PCM (the phone number is on your PCM card). If you are unable to reach the PCM, then call the Region IV Health Care Finder or contact the nearest military medical treatment facility for assistance.
- When in-processing at your new base, transfer your enrollment to your new area **as soon as you arrive**.

The Health Plan Management Office provides TRICARE benefits briefings for active duty members scheduled for retirement and their family members. This briefing is on the last day of the Transitional Assistance Program briefing held twice monthly at the Family Support Center.

- **New retirees must send in the completed enrollment form with the enrollment fee by the 20th day of their last month of active duty service to ensure continuous TRICARE Prime coverage.**

Phone Numbers

- 325th Med Group Health Plan Management Office: (850) 283-7331
- Health Care Finder: (800) 333-4040
- PCM after hours care: (850) 283-2778 or (800) 824-3454

Website

- www.humana-military.com
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Claims

Filing a claim in the TRICARE system can be a confusing process. Here are some general rules to help you understand how it works. First, filing a claim is never necessary if you see a provider at a military treatment facility. In general, claims are filed when a beneficiary sees a civilian provider. The exact process of filing a claim differs in each situation, depending upon the status of the provider. In some cases, the provider will file the claim; in others the beneficiary is responsible. To prevent a delay with claims processing it's important to fill out the claim form correctly and to include any necessary paperwork. Equally important, all TRICARE-eligible persons must be enrolled in the Defense Enrollment Eligibility Reporting System - computerized eligibility checking system. If you have any questions about claims processing or want to check the status of your claims submission, please contact your TRICARE Service Center representative.

Question

What are some of the main causes of slow claims processing?

In most cases, important information is missing from the claim. This includes the patient's name as it appears on his/her military ID card, sponsor's Social Security Number, and patient's date of birth, other health insurance information and claims coding information.

Local Contact for Claims Issues and Your Cost

- For claim problems, you should first contact PGBA, then the TRICARE Service Center Beneficiary Services Representative. You can also obtain information about your claim by accessing www.myTRICARE.com. This website has a feature which permits beneficiaries access to the status of their claim.
- Beneficiaries who require assistance with claims sent to a collection agency or who have received an adverse credit rating from unpaid medical bills should contact the Debt Collection Assistance Officer (DCAO) Mr. Jim Blanchard.
- TRICARE Standard patients pay a \$50/\$150 individual annual outpatient deductible (\$100/\$300 for a family) and a 20/25 percent cost share. Active duty family members enrolled in Prime have no enrollment fee or co-payment. **Prime enrollees who obtain civilian health care without PCM authorization pay Point-of-Service charges that includes a \$300 deductible (\$600 deductible for family) plus a 50 percent cost share.**

Name of Claims Processor

- Send claims to: PGBA
TRICARE Region3/4
PO Box 7031
Camden, SC 29020-7031

Phone Numbers

- PGBA active duty claims: (877) 249-9179
- PGBA non-active duty claims: (800) 403-3950
- TRICARE Service Center: (850) 286-1000
- Beneficiary Service Line: (800) 444-5445
- 325th Med Group BCAC/DCAO, Mr. Jim Blanchard: (850) 283-7331

Websites

- www.humana-military.com & www.myTRICARE.com
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Contractor

TRICARE contractors provide specific services to expand and/or supplement the capabilities of the military treatment facility (MTF). These may include TRICARE Prime enrollment, disenrollment, enrollment transfer, primary care manager (PCM) assignment, routine and specialty appointment assistance, case management, arranging networks of providers and pharmacies in areas where there is not an MTF, grievance and complaint resolution, claims processing assistance and dispute resolution.

Question

How do TRICARE Service Centers assist beneficiaries?

TRICARE Service Centers are staffed by health care professionals who help beneficiaries get authorized services they need.

- Beneficiary Services Representatives help explain the options available to you and assist in your choice of the program that suits you best. They can enroll you in TRICARE Prime, assist with the selection of a PCM, and help resolve any billing problems.
- Health Care Finders make appointments and help find specialists when you need them. They also provide names of doctors participating in the TRICARE network.
- TRICARE Service Centers also send beneficiaries TRICARE information packages describing the features of each of the TRICARE options and what alternatives are available for each beneficiary category.

TRICARE Service Center

- The TRICARE Service Center is located in building 1406 on Mississippi Avenue, Tyndall AFB

Phone Numbers

- TRICARE Service Center: (850) 286-1000
- Beneficiary Services Line: (800) 444-5445

Websites

- www.humana-military.com
 - www.myTRICARE.com
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Emergency Care

In the event of a life or limb threatening condition requiring immediate medical treatment, you should go to the nearest facility equipped to handle your situation, such as a hospital emergency room. TRICARE covers appropriate emergency medical services wherever you are and no matter what plan is used (Prime, Standard, or Extra; NOTE: deductibles, cost shares and/or co-pays may apply). **Emergency care does not require pre-authorization, although the beneficiary's primary care manager must be called within 24 hours after receiving the care. Additionally, it would be prudent to save your receipts for claim purposes.**

Question

How do we obtain emergency care under TRICARE?

Any eligible beneficiary should access the nearest emergency room of any military or civilian hospital for true emergencies, regardless of which TRICARE option you use.

Local Procedures for Emergencies

- The 325th Med Group does not have an emergency department. Call 911 for emergency assistance.
- 911 calls placed from Tyndall AFB will be routed to the 325th Med Group ambulance dispatch service. 911 calls from the local community will be routed to Bay Medical Center ambulance services.
- Patients requiring emergency transport will be taken to either Bay Medical Center or Gulf Coast Medical Center.
- **Proceed to the nearest emergency room for emergency care. You must contact your PCM within 24 hours of obtaining emergency care. If time permits and the situation is not life threatening, call your PCM prior to receiving non-emergency care in a civilian emergency room.**

Phone Numbers

- Emergency: 911
- Central appointments: (850) 283-2778 or (800) 824-3454
- PCM after-hours line: (850) 283-2778 or (800) 824-3454

Websites

- 325 Med Group: www.tyndall.af.mil click on Tyndall units then select on-line services
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Pharmacy

TRICARE makes it easy for all beneficiaries to get prescriptions filled through four different options:

1. Military Treatment Facility (MTF)
2. TRICARE Mail Order Pharmacy (TMOP)
3. Network Pharmacy
4. Non-Network Pharmacy

| Pharmacy Benefit Summary Chart | | |
|--|--|------------------|
| Place of Service | Generic Drugs | Brand Name Drugs |
| Military Treatment Facility (up to 90-day supply) | \$0 | \$0 |
| Tricare Mail Order Pharmacy (up to a 90-day supply) | \$3 | \$9 |
| TRICARE Retail Networks (up to a 30-day supply) | \$3 | \$9 |
| Non-Network Pharmacies (up to a 30-day supply) | \$9 or 20% of total drug cost (whichever is greater). Existing deductibles and POS fees apply <ul style="list-style-type: none">• E-4 and below: \$50 person/\$100 family• Standard: \$150 person/\$300 family• Prime \$300 person/600 family (POS fee 50%) | |

Beneficiaries who have their prescriptions filled at the MTF, or through the TMOP, obtain the largest selection of medications at the lowest cost. If they use a network or non-network pharmacy, their out-of-pocket expense will be higher, in some cases significantly, i.e. Point of Service for Prime enrollees. Medicare-eligible beneficiaries

now have the same access to prescriptions as all other beneficiaries through the TRICARE Senior Pharmacy Benefit program.

Question

What medications are available through the TMOP?

The TMOP is for prescriptions that you take on a regular basis, such as medication to reduce blood pressure or treat asthma, diabetes, or any long-term health condition. It is not intended to be used for acute medications like antibiotics.

Pharmacy Hours/Locations

The Tyndall satellite pharmacy is located in the BX/Commissary complex for new prescriptions, all civilian provider prescriptions and refills.

The hours of operation are:

0900 – 1800 Monday – Thursday

0900 - 1700 Fridays

CLOSED SATURDAY AND SUNDAY

- The main pharmacy, located in the 325th Med Group clinic, only fills new prescriptions written by Tyndall Clinic providers.

The hours of operation are:

0730 – 1700 Monday - Friday

CLOSED SATURDAY AND SUNDAY

- Civilian prescriptions (new or refills) can also be obtained from a TRICARE network pharmacy. Participating pharmacies can be found in the Provider Network Directory that is available at the TRICARE Service Center or the Health Plan Management Office.

Active duty family members, retirees and their eligible dependents and survivors enrolled in Prime have a \$3/\$9 (generic/name brand drug) co-payment for a 30 day prescription filled at a network pharmacy or \$3/\$9 for a 90 day supply through the TRICARE Mail Order Pharmacy program. Active duty members do not have a co-payment.

Phone Numbers

- Pharmacy patient information line: (850) 283-7743
- Pharmacy refill: (850) 283-7177 or (800) 356-5273
- TRICARE Mail Order Pharmacy (TMOP): (800) 903-4680
- TMOP for hearing impaired: (877) 540 6261

Websites

- 325th Med Group: www.tyndall.af.mil click on Tyndall units then select 325th Med Group
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TRICARE Prime Remote

TRICARE Prime Remote (TPR) is for Active Duty, Reserve and National Guard members. To be eligible for TPR, these members must **reside and work** more than 50 miles from a military treatment facility (MTF). (NOTE: Geographic barriers and other circumstances may justify “remote” designations that are less than 50 miles from an MTF). Additionally, Reserve and National Guard members must be on active duty orders for 31 or more consecutive days. TPR enrollees are assigned civilian primary care managers (PCMs) in their local community. Receiving care locally decreases lost duty time spent traveling to the nearest MTF. Additionally, TPR enrollees can establish a relationship with their PCM, ensuring quality and convenient health care. If you live in an area where TRICARE does not have a network provider, ask for a TRICARE-authorized provider. If your PCM or provider thinks you need to see a specialist, your PCM must obtain a preauthorization from a health care finder (HCF) before you obtain the specialty care. If you do not have a PCM, you must call the HCF to obtain authorization to see the specialist.

All eligible family members who reside with an active duty member in TPR may enroll in this program.

Question

How do I find out if I am eligible for TPR? Check the TPR Website:
<http://www.tricare.osd.mil/remote>

Or, call the TPR information line for your state

TPR Information State/Local Contact Hours/Locations

- For enrollment information and sources of health care in Region IV, call Humana Military Healthcare System (HMHS)
- To obtain a TPR enrollment form, go to the HMHS website
- For additional guidance or problem resolution, call the Region IV Lead Agent point of contact at Keesler AFB, MS
- For questions pertaining to active duty members obtaining civilian dental care, call the Military Medical Support Office (MMSO)

Phone Numbers

- For assistance with enrollment call HMHS at (877) 249-9179
- For help locating a health care provider and for pre-authorization, call HMHS (877) 249-9179 24 hours a day, seven days a week
- Lead Agent (CMSgt Sanders) (228) 377-9642 or DSN 597-9642
- MMSO: (888) 647-6676

Websites

- DoD: www.tricare.osd.mil
 - HMHS: www.humana-military.com to enroll in TPR select Region IV, select beneficiary resources on the home page, select on-line member services, select 'download forms', select TPR enrollment and print the form
 - TPR: www.tricare.osd.mil/remote/
 - MMSO: <http://mmso.med.navy.mil/>
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Geographically Separated Unit Commanders

Geographically Separated Unit (GSU) commanders receive Operation Command Champion (OCC) based on one of the following three categories, which apply to them.

- **Have AF military treatment facility (MTF) within 50 miles of unit location:** GSU's MAJCOM/SG will coordinate the GSU's inclusion in the MTF's OCC program via the MTF's MAJCOM/SG
- **Have non-AF MTF within 50 miles of unit location:** GSU's MAJCOM/SG will provide the GSU's line commander with the OCC Commander's Tool Kit, non-AF MTF TRICARE office phone number (GSU/CC must contact this office to complete local information in Tool Kit), and instructions on how to join TRICARE Management Activity Newsletter e-mail distribution list
- **Do not have an MTF within 50 miles of unit location:** GSU's MAJCOM/SG will provide the GSU's line commander with the OCC Commander's Tool Kit (see TRICARE Prime Remote section) and instructions on how to join TRICARE Management Activity Newsletter e-mail distribution list

Question

Are members living closer than 50 miles to a MTF with geographic boundaries that create undue hardship for travel, eligible to enroll in TRICARE Prime Remote?

Yes, but they must obtain a waiver from their Lead Agent.

GSU's MAJCOM/SG Point of Contact

- At AETC/SG call Lt Col Michele Schott or MSgt Pinson
- At Region IV Lead Agent call CMSgt Sanders

Phone Numbers

- AETC/SG: (210) 652-3022 or DSN 487-3022
 - Lead Agent: (228) 377-9642 or DSN 597-9642
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Customer Service

Are you pondering over whether to choose TRICARE Prime, Standard or Extra for your family? Are you having difficulty getting an appointment? Did you receive a medical bill that you do not understand? These are all questions that may occur when using your TRICARE health benefit. To provide you with advice and help resolve problems that may occur, the Military Health System offers various services tailored to meet your specific need. Contact information for the following services is listed at <http://www.tricare.osd.mil/main/help.html>

- Managed Care Support Contractor (MCSC) - all issues
- TRICARE Service Center (TSC) - enrollment, referrals, billing issues
- Debt Collection Assistance Officer (DCAO) – assistance with a collection or bad credit report is available at the Tyndall Clinic and Lead Agent Office
- Beneficiary Counseling and Assistance Coordinator (BCAC) – assistance is available at the Tyndall Clinic and Lead Agent Office for assistance with benefit questions and billing issues

Question

What do I do if my Clinic BCAC is not adequately resolving my issue?

Contact your Clinic counterpart or the 325th Medical Group Commander. If your problem persists contact your Lead Agent BCAC.

Contact Hours/Locations

- TRICARE Service Center: 0730 -1630 Monday - Friday
- Debt Collection Assistance Officer: 0730 – 1630 Monday - Friday
- Beneficiary Counseling and Assistance Coordinator: 0730 – 1630 Monday - Friday
- Region IV Lead Agent: 0730 – 1630 Monday - Friday

Phone Numbers

- Humana Military Health Care Services: (800) 444-5445
- TRICARE Service Center: (850) 286-1000
- Beneficiary Counselor and Assistance Coordinator and Debt Collection Assistance Officer (850) 283-7331 at Tyndall AFB
- Clinic Commander 283-7515
- Lead Agent at Keesler AFB MS: (228) 377-7850 or DSN 597-7850

Websites

- HMHS: www.humana-military.com
 - Email: james.blanchard@tyndall.af.mil
 - Email: arthur.ferguson@keesler.af.mil
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TRICARE Dental Program (TDP)

The TDP is a dental insurance program available to active duty family members, Selected Reservists (SRs), Individual Ready Reservists (IRRs), and SR/IRR family members. The current five-year TDP contract was awarded to United Concordia Companies, Inc. (UCCI), and began 1 Feb 01. The TDP provides a comprehensive dental benefit to include general and specialty care. New enhancements to the contract include: general anesthesia, intravenous sedation, increased annual maximum (from \$1K to \$1.2K), increased lifetime orthodontic maximum (from \$1.2K to \$1.5K), athletic mouthpieces, etc. Additionally, cost-shares for some services have been reduced for grades E1 to E4 to encourage utilization of the benefit. Enrollment in the TDP is voluntary, continuous, portable worldwide, and requires a 12-month commitment. A *single* enrollment includes one covered eligible beneficiary; *family* enrollment includes two or more. For the *premium sharing* plan, the enrollee pays 40% of the monthly premium and the government pays 60%. Active duty family members, SRs, IRRs (Special Mobilization Category) and family members of reservists on active duty for more than 30 days are eligible for the premium sharing plan. For the *full premium* plan, the enrollee pays 100% of the monthly premium. Enrollment in this plan is available to IRRs (not Special Mobilization Category) and family members of SRs and IRRs. Current premiums (through 31 Jan 03) are: (1) *premium sharing* plan, \$7.90 single, \$19.74 family; and (2) *full premium* plan, \$19.75 single, \$49.36 family.

Question

How can I enroll in the TDP? Sponsors can enroll family members (or themselves if SR or IRR) by completing a TDP enrollment form. These forms can be acquired at the MTF, DTF, contractor's website (www.ucci.com), or by calling UCCI at 1-888-622-2256.

DO NOT HAVE YOUR FAMILY MEMBER PLACED IN THE HOSPITAL FOR DENTAL CARE UNLESS YOU HAVE PRE-AUTHORIZATION FROM TRICARE. TRICARE WILL NOT PAY FOR THE HOSPITAL BILL OR ANESTHESIA CHARGES UNLESS THERE IS A RELATED MEDICAL DIAGNOSIS. UCCI ONLY PAYS FOR IN-CHAIR I.V. SEDATION AND GENERAL ANESTHESIA WHEN PRE-AUTHORIZED.

Contact/Hours/Phone Numbers

Call the United Concordia (UCCI) help line from 2000 hours Sunday through 2000 hours Friday

Contact the Tyndall Beneficiary Counseling and Assistance Coordinator (BCAC) Monday – Friday 0730 – 1630 hours

Phone Numbers

- UCCI: (800)-866-8499
- Tyndall BCAC: (850)-283-7331

Websites

- www.ucci.com
- Email: james.blanchard@tyndall.af.mil



TRICARE Online

TRICARE Online (TOL) is a new Department of Defense healthcare website designed specifically for our military beneficiaries. The website contains over 18 million pages of general medical information for patients on common conditions such as back pain, migraine headaches, and the flu. Patients can create a personal medical journal, perform online drug interaction checks, and use several online disease tracking and management tools. This information can be accessed online anywhere in the world at any time.

The website contains information about the TRICARE Regional Lead Agent offices and Managed Care Support Contractors including contact information. The site also has a directory of our military treatment facilities, clinics, and providers, including clinic hours, phone numbers, and driving directions. Patients also can book certain appointments online using TOL.

TOL is currently being expanded to include new features for our patients, including: secure email communication between patients and providers, online routine lab test requests, and web-based prescription renewals and refills.

TRICARE Online is located at the following website:

<https://www.tricareonline.com/>

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Health Insurance Portability and Accountability Act (HIPAA) Privacy

This new rule, which came into force in April 2003, made significant changes to the US healthcare industry. The purpose of the rule is to prevent inappropriate use and disclosure of individuals' health information. It is more stringent than the Privacy Act and limits what information can be shared with non-medical personnel. This protected health information (PHI) can be in electronic, paper or verbal form. It is not limited to documents contained in the official medical record. Uses of the information for treatment, payment and healthcare operations (TPO) are allowed but certain other uses and disclosures require an authorization by the patient.

HIPAA increases the patient's control over his/her health information. Many of these rights are also guaranteed under the Privacy Act. The patient has the right to:

- A written notice of how the Military Health System will use and disclose their health information
- Access, inspect and obtain a copy of their PHI
- Request amendment to or correction of records
- Obtain an accounting of disclosures made from their records
- Request restrictions on uses and disclosures of their information
- Accommodation of reasonable alternate communications requests
- Complain to the MTF and to the Dept of Health & Human Services

Health information covered by the rule generally may not be used for purposes not related to health care without explicit authorization from the individual. In general, disclosures of information will be limited to the minimum necessary for the purpose of the disclosure. There is specific exception for patient authorization to disclose information to a military commander or designee. It is allowed for fitness for duty determination or to ensure the proper execution of the military mission. Disclosing the minimum amount of information still applies and the disclosure must be accounted for. The rule also requires each entity to appoint a privacy officer who ensures that their facility is complying with all aspects of the rule. This person is the main point of contact for questions/complaints and the local processes to protect patients' information.

Question

Can I find out why one of my troops was seen in the base hospital/clinic?

A commander or designee can get information from the MTF as it relates to that members fitness for duty. Detailed information on the care in most cases is not appropriate.

Phone Numbers

- Local MTF Privacy Officer: Lt Kerr at 283-7167
- DOD: 1-888-DOD-HIPA or 1-888-363-447

Websites

- <http://www.tricare.osd.mil/hipaa/privacy.cfm>
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Case Study - Out-of-Area Care

Problem:

Major X and his family were vacationing away from the TRICARE Region where he and his family were enrolled when his son developed a temperature of 104°.

Solution:

EMERGENCY CARE:

If Major X believed his son needed emergency care, he should immediately call 911 or take him to the nearest emergency room. When the emergency room asks about insurance coverage for his son, Major X should provide his son's TRICARE Prime ID card. **Following emergency treatment, Major X must call and advise his son's Primary Care Manager that the child received emergency care.**

URGENT CARE (NOT AN EMERGENCY)

Prior to receiving urgent care for his son, Major X should call his son's Primary Care Manager for pre-authorization. Once the out-of-area visit is pre-authorized, Major X may seek the required urgent care for his son. Consider calling the Region ¾ Managed Care Support Contractor at 1-800-444-5445 for assistance with locating an out of region TRICARE provider. **Obtaining other than emergency care without first contacting the Primary Care Manager will result in the medical claim processing at the Point-Of-Service option. That is, you will pay the first \$300 of an annual \$600 deductible and then 50 percent of the TRICARE allowed rate.**